



FEE TRANSMITTAL for FY 2005		Application Number	10/759799
		Filing Date	1/15/2004
		First Named Inventor	Hemant Kumar Jain
		Art Unit	2109
<input type="checkbox"/> Applicant claims small entity status. See CFR 1.27.		Examiner Name	SHAIFER HARRIMAN, DANT B
TOTAL AMOUNT OF PAYMENT	\$60	Attorney Docket Number	INT-102/US

METHOD OF PAYMENT (<i>Check all that apply</i>)							
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees.							
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.							
FEE CALCULATION							
1. Basic Filing, Search and Examination Fees							
	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
Application Type:	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	
Utility	300	150	500	250	200	100	\$0
Design	200	100	100	50	130	65	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. Excess Claims Fees							
2.1 Each claim over 20 or for reissues, each claim over 20 and more than in the original patent \$50 (\$25 small entity)							
2.2 Each independent claim over 3, or for reissues, each independent claim more than in the original patent \$200 (\$100 small entity)							
2.3 Multiple dependent claims \$360 (\$180 small entity)							
Total Claims	Threshold		Extra Claims	Fee (\$)			
20	- 20	=	0	X \$50 (\$25)			\$0
Indep. Claims	Threshold		Extra Claims	Fee (\$)			
2	- 3	=	0	X \$200 (\$100)			\$0
Multiple Dep. Claims				Fee (\$)			
<input type="checkbox"/>				\$360 (\$180)			
3. Application Size Fee							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to whole number). See USC 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets		Fee (\$)				
- 100 =	/50 =		X \$250 (\$125)				\$0
4. Other Fee(s)							
Non-English specification (\$130 fee, no small entity discount)				07/03/2007 EAYALEW1 00000016 10759799			
Other: One month extension fee				01 FL:2251 60.00 60.00			

SIGNATURE			
PRINTED NAME	Thomas J. McFarlane	TELEPHONE	650-424-0100
DATE	6/29/07	REGISTRATION NUMBER	39,299